

STATE OF TENNESSEE

TENNESSEE MOTOR VEHICLE COMMISSION

500 JAMES ROBERTSON PARKWAY - 2ND FLOOR NASHVILLE, TENNESSEE 37243-1153 PHONE 615-741-2711 FAX NO. 615-741-0651

File No
Xact No
Action:
For Office Use Only

	LICENSE
	ELOCATION APPLICATION D & R License No
in the state of Tennessee in compliance with the provisions of	C 1
	()
(Full name of Entity to be licensed)(Use line below, if necess	Gary) (Area Code & Phone No.)
	()
	(Fax No. w/Area Code)
(Street)	
(County)	(Zip)
(P. O. Box or Street)	
(County)	(Zip)
of facility must exceed minimum requirements as per attached	l instruction sheet.
(ex. wood, brick, block, etc.); Gro(Square Feet or Acreage)	oss Building Area:(Squa
	ness at the location named in th
(Yes or No)	
(163 01 110)	
any other business which is conducted from this establishment	t?(Yes or No)
a k	ade for automotive dismantler and recycler license to engage in in the state of Tennessee in compliance with the provisions of k or type requested information. (Full name of Entity to be licensed)(Use line below, if necess (Street) (County) (if different, the mailing address must be in the same county) (P. O. Box or Street) (County) of facility must exceed minimum requirements as per attached (Ex. wood, brick, block, etc.); Grickless (Square Feet or Acreage) g and recycling of motor vehicles the principal business.

IN- 0599 (Rev.11-01) RDA-2225

7.	Type of business (circle one); Proprietorship Partnership Corporation LLC LLP	
	(a) If proprietorship, give name, residential address and telephone number of owner:	
	(b) If partnership, give name and residential address of each partner and designate managing partner or partners	:
	(c) If corporation: (1) Domestic (Tennessee) - provide copy of Charter and any amendments:	-
	(2) Foreign (out-of-state) corporations - provide copy of a Certificate of Authority stating agent for service of process.	
	(3) List name, address, and title of officers, directors, and any/all persons or entities owning more than five percent (5%) of outstanding shares of stock issued by the corporation on the "Stockholders Information Update" form. Form supplied with this application packet.	
3.	Have you ever filed for bankruptcy? If so, when and under what name:	
	All facilities must be manned and open during reasonable business hours. State what days per week and hours per lay this business will be open.	
in	Has any application for a motor vehicle dealer or dismantler and recycler license ever been denied, revoked or suspended this or any other state?If yes, explain below what precipitated the decision and attach any/alevant documents. (Yes or No)	

11. Proof of liability insurance with a minimum coverage of \$60,000 and evidence of Worker's Compensation (if applicable) must be provided by a Certificate of Insurance. This insurance must remain in force for as long as the licensee is licensed. The Tennessee Motor Vehicle Commission, at the address on the cover page, must be shown as the certificate holder.

I hereby certify that the statements in, or attached to this application are true and correct to the best of my knowledge and belief; that the members of this organization are familiar with the provisions of the law under which this application is made, and that I, as proprietor, partner, or officer of the corporation, have authority to make the statements contained here.

Date	::	Signed: _		
		<i>C</i> –	(Authorized Signature)	
Title	:			
	(Print or Type)		(Print Authorized Signature)	
STA	TE OF			
COU	JNTY OF			
Subs	scribed and sworn to before me this	day of		±0
	(SEAL)			
		My comp	siggion avairage	
	(Notary Public)	My colli	nission expires:	
	l application, attachments, and fee to the TEN		OR VEHICLE COMMISSION, 500 JAMES ROBERT 1153.	SON
CHE	ECK LIST OF ATTACHMENTS TO APPLICATI	ION:		
	Copy of Zoning Letter		Copy of NPDES Permit	
	Copy of Municipal Business Tax license, if a	applicable	Copy of TDOT beautification letter	
	Copy of Stockholders Update, if applicable Copy of State Sales Tax Certificate of Regis	stration	Copy of Field Investigators Inspection Form Copy(ies) of Financial Disclosure	n
	Copy of County Business Tax License, if ap	plicable	Copy of Conviction Record, if applicable	
	Certificate of Liability		Copy of corporate charter, if applicable	